

**REMARKS**

In the Office Action mailed September 30, 2003, claims 1 and 4-31 are pending in the application.

Claims 1 and 4-24 are rejected under 35 USC 112, second paragraph, as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The rejection points out that the recitation of an "identification input device" is unclear. The recitation of an "alternative therapy station" lacks antecedent basis; and that claim 1 is vague and indefinite because the term "located in close proximity" as used in claim 1 to describe the location of certain stations inside the healthcare facility is a relative term. Also, claim 16 is vague and indefinite because of the phrase "located within easy walking distance." The claims have now been amended to overcome the rejections under 35 USC 112, second paragraph, and are believed to be drafted in accordance with the statute.

In the Office Action claims 1, 5-7, 14, 15, 18, and 20 are rejected under 35 USC 103(a) as being unpatentable over Joao (U.S. Patent 6,283,761) and Gombrich et al (U.S. Patent 4,857,716). Joao is said to teach an advanced healthcare system for processing a number of clients in a client-driven and timely manner. The rejection sets forth the elements of claim 1 and attaches portions of the Joao disclosure said to teach these elements by reference to column and line numbers. Likewise, the rejection takes the language of claims 5-7, 14, 15, 18, and 20 and after reciting the language inserts the location in the disclosure of Joao and Gombrich where the element is said to be disclosed, reference to columns and line numbers are given.

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In the Office Action claims 4, 11, and 19 are rejected under 35 USC 103(a) as being unpatentable over Joao and Gombrich, as applied to claims 1 and 18 above, and in further view of Mayaud (U.S. Patent 5,845,255). The rejection states, according to claim 4, Joao teaches a system including identification input devices, but Joao and Gombrich in combination do not specifically teach that the identification device comprises a fingerprint sensor for sensing the fingerprint of the client. Mayaud is said to teach the use of fingerprint ID/recognition technology for authenticating a user's identity and access rights to patient data. The rejection concludes that at the time of the applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Mayaud to include fingerprint recognition sensors. The rejection states that the same is true according to claim 11 wherein finger insert sensors are claimed for each of the client station, nurse station, and practitioner station. The rejection states it would have been obvious at the time the applicant's invention was made to modify the system of Joao and Gombrich in combination with the teaching of Mayaud to include fingerprint recognition sensors at the provider and/or client stations. Regarding claim 19, the rejection states that at the time of applicant's invention, it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the teaching of Mayaud to include fingerprint recognition sensors among the types of input identification devices used to authenticate a user's identity at the provider and/or client stations.

In the Office Action claims 8-10 are rejected under 35 USC 103(a) as being unpatentable over Joao and Gombrich in further view of Yokota et al (U.S. Patent

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5,713,350). Yokota is said to teach an integrated healthcare system that includes a plurality of blood sampling and computerized blood analysis machines connected to a network. The rejection concludes at the time of the applicant's invention it would have been obvious to one of ordinary skill in the art to further modify the system of Joao and Gombrich in combination with the teaching of Yokota to include blood sampling and blood analysis machines at the provider/nurses stations. In regard to claim 10, the rejection states that it would have been obvious to one of ordinary skill in the art to further modify the system of Joao and Gombrich in combination with the teaching of Yokota to include a plurality of patient monitoring and analytical devices connected to the network.

In the Office Action claims 12, 13, 16, 17 and 21-24 are rejected under 35 USC 103(a) as being unpatentable over Joao and Gombrich, in further view of Campbell et al (U.S. Patent 6,208,974). Campbell is said to teach a system that includes an "emporium station" having a computer terminal connected in the network for accessing the client record so that collaborative purchase decisions may be made while reviewing the client record. The rejection states that at the time of applicant's invention it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with Campbell to include a system component/station to allow the user to review healthcare services/products and to input purchase decisions regarding selected healthcare services. In the rejection, numerous portions of the prior art references are referred to by column and line numbers. In regard to claim 13 the rejection states it would have been obvious to one of ordinary skill in the art to modify the system of Joao and Gombrich in combination with the

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teaching of Campbell for the reasons stated in the rejection of claim 12. Regarding independent claim 16, Joao is said to teach an advanced healthcare system for processing a number of clients in a client-driven and timely manner. The rejection sets forth the elements of claim 16 followed by a column and line number in Joao in which the element is said to be taught. The rejection repeats each of the elements in claim 16 followed by a reference to Joao. The rejection notes that Joao teaches the system of claim 16 as explained in the rejection, but does not specifically disclose that the client/patient accesses their patient records by using their ID code while at the nurse stations, lab stations and/or practitioner stations. Joao is said to disclose a system wherein user stations include identification input devices for inputting a computer readable ID code identifying the client in a respective client record, column and line references are cited. Gombrich is said to disclose a system wherein the client/patient must grant the user access to their medical records using their ID codes while they are present, column and line references are cited. The rejection concludes it would have been obvious to one of ordinary skill in the art to modify the system of Joao with the teaching of Gombrich to allow a patient to control access to their medical records requiring the patient's presence when their ID is entered. Further mention of features of claim 16 are said to be obvious in view of Joao and Campbell are pointed out with reference to line and column numbers.

In regard to claims 17, 21, 22, and 23, the rejection refers to column and line number of Joao and Campbell to attempt to show certain features as being obvious.

In the Office Action claims 25, 27, 28, 30 and 31 are rejected under 35 USC 103(a) as being unpatentable over Joao. In regard to independent claim 25, Joao

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is said to teach an integrated healthcare process for processing a number of clients in a client driven and timely manner. The rejection sets forth in detail the elements recited in claim 25 followed by a reference to Joao using columns and line numbers. This is repeated for each element in claim 25. Joao is said to teach the method substantially as recited in claim 25. Joao is said not to expressly teach that the client and practitioner access the patient record for joint consultation and collaborative decision making at the practitioner station, but is said to disclose healthcare providers and retrieve patient medical history and diagnostic information when the patient goes to receive treatment, citing column and line numbers. The rejection concludes that at the time of the applicant's invention it would have been obvious to one of ordinary skill in the art to have the patient and practitioner review patient diagnostic and/or treatment data jointly at the practitioner station.

In regard to claim 27 Joao is said to teach a process including accessing the client records at an alternative record station referring to column and line number in Joao.

In regard to claim 28 Joao is said to teach a process including inputting blood analyses data directly from computer machines to the client records, citing column and line numbers.

Again, in regard to claims 30 and 31, Joao is referred to extensively by reference to column and line numbers for showing individual features said to be obvious.

In the Office Action claim 26 is rejected under 35 USC 103(a) as being unpatentable over Joao in view of Mayaud. Joao is said to teach a method including

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inputting a client ID from a client station, nurse station, and practitioner stations, referring to column and line numbers. The rejection says that Joao does not specifically disclose utilizing a fingerprint identification of client. The rejection concludes that it would have been obvious to one of ordinary skill in the art to modify the method of Joao and teaching of Mayaud to include fingerprint identification, citing column and line numbers in Mayaud.

In the Office Action claim 29 is rejection under 35 USC 103(a) as being unpatentable over Joao in view of Campbell. Campbell is relied upon for teaching an "emporium station" having a computer terminal connected in the network for accessing the client record. The rejection concludes at the time of applicant's invention, it would have been obvious to modify the system of Joao in view of Campbell to include a system component/station to allow the user to review healthcare services/products and to input purchase decisions regarding supplemental products, citing column and line numbers in Joao.

Applicant respectfully requests that the rejection of claims 1, 4-31 be reconsidered for the reasons set forth below.

Joao is directed to an improved apparatus and method for providing healthcare information, not for providing healthcare services. The field of processing, maintaining and providing healthcare information is a well known field to which the state of the art of general computers and the internet have been applied. Numerous patented systems for processing medical information are discussed in the background of the present application. The systems and processes provide information about a patient that can be accessed by the different parties involved in medical and general healthcare

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services, for example, health service providers and health service insurers. However, these systems and processes only serve the purpose of exchanging healthcare information in regard to a patient, and are not employed in a process of actually rendering the healthcare service to a patient, at the patient's direction, as he visits and walks through the healthcare facility in real-time. Joao, for example, is merely a centralized system and process for containing and providing healthcare information. The problem sought to be solved in Joao are to provide healthcare information where there has been a lack of the availability of correct and/or up-to-date information, provide healthcare information to providers at remote treatment locations, reduce fraudulent claims against healthcare payers and insurance companies, provide healthcare information to all those persons in remote locations who may need the information, etc. In other words, Joao is directed to a central processing center which contains and provides patient healthcare information to a wide range of third parties. It is not directed to a healthcare facility and to the provisions of healthcare in the facility using the central computer network accessible by the various processing stations inside the facility wherein the client initiates the access to his file at different stations for different therapeutical and process services.

Grombrich discloses a patient identification system for relating items with patients and insuring that an identified item corresponds to an identified patient. For this purpose, the patient identification system includes a computer system interconnected to a plurality of remote terminals by conventional telephone wires. The patient identification system further includes a portable barcode reading device, including a barcode wand, an LCD display, and a keypad. The portable barcode

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reading device communicates via RF transmission with an RAF-PLC modem. The barcode reading device is utilized to read a patient's unique barcodes on a patient's identification bracelet, barcodes on labels attached to various items in the hospital relating the item to a specific patient, and barcodes on item labels whereby such items can be automatically correlated to a specific patient and checks performed at the computer system to insure that the item properly corresponds to the identified patient. Thus, Gombrich is concerned with reliably correlating patient information stored on a computer by the use of barcode labeling and reading. Gombrich does not give a hint of a healthcare facility having a centralized system wherein a patient activates his medial record and selects healthcare services offered from various process stations inside the healthcare facility to receive fast, convenient and reliable health services. Accordingly, Gombrich does not remedy the deficiency of Joao described above.

The reference to Mayaud discloses a fingerprint sensor for sensing the fingerprint of a client to authenticate a client's identity and access to a client's information. Mayaud does not remedy the deficiencies of Joao.

Yokota teaches the use of a plurality of blood sampling and computerized blood analysis machines connected in a network in a healthcare system, but does not remedy the deficiencies of Joao.

Referring now to independent claims 1, 16 and 25, a system and process for a healthcare facility and system is claimed reciting the basic concept of plural processing stations visited by a patient inside the healthcare facility. The patient initiates his record upon entering the facility using a computer work station, and continues processing his healthcare needs and receiving healthcare services at various

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other stations inside the facility by accessing his record along with the various professionals at different processing stations. This is a different concept than disclosed by Joao, Gombrich, Mayaud and Yokota taken alone, or in combination. The rejection cites to 11 lines in column 2 and column 3 of Joao as teaching that a healthcare facility may include the recited stations networked with central information inside a single facility by reference to column 2, line 63 through column 3, line 6. This is a brief statement in the summary of the invention that merely states that the central processing computer can be a network or server computer and has nothing to do with providing actual healthcare services to a patient at the patients selection. Further the limited disclosure says that a healthcare provider communication device can be connected with the server computer, and the healthcare provider can be located in a hospital, clinic, or any other location. The healthcare provider can communicate to receive information from the central processor or computer. This does not give a hint of the healthcare facility and system claimed in independent claims 1 and 16, and claimed in process claim 25, as more fully disclosed in the application. This brief disclosure does not give a hint or teaching as to the healthcare facility of the present invention and the client-driven nature of the request for services inside the facility. The extensive recitation of the claim language in the Patent Office rejection, followed by referrals to column and line numbers in Joao simply do not match or give a hint as to the concept and elements of the claimed invention as set forth in the claims. For example, in claim 1 "a healthcare facility including at least a client station, a business station, a nurse station, and a practitioner station inside the healthcare facility," again the rejection relies on the disclosure of Joao described above which merely states that a healthcare provider can

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have access to the information on a central computer located elsewhere and that the healthcare provider can be in a hospital or clinic. All of the users of the Joao system are in remote locations and there is no clue of including all these locations in a central healthcare facility for processing health services in real-time by a patient. In regard to the "client station" where the patient inputs information concerning his complaints and symptoms, numerous columns and line numbers in Joao are referred to. However on scrutiny it is seen that these do not refer to a healthcare facility wherein health services are rendered to a client who first begins at a work station where he initiates his record. Joao merely discloses that the information contained in a remote central computer can be obtained from various patients, individuals, providers, payers, and/or intermediaries who wish to utilize the information. No hint of the specific claim elements are recited. The rejection takes the disclosure of Joao out of context in applying it repetitiously to the detail claim elements of the present invention in regard to the rejection of independent claims 1, 16, and 25, as well as dependent claims.

In regard to a plurality of client stations wherein the client initiates his client record and identification code, the above deficiencies apply to the disclosure referred to in Joao. The recitation to a "business station" referred to in column 14 in Joao are out of context. Joao discloses that a healthcare payer at a remote location may communicate with the central server computer with no hint of this station being inside a healthcare facility wherein a client processes his own healthcare at different processing stations. Likewise, the disclosure relied upon in Joao for teaching a nurse station in a healthcare service facility is out of context and does not meet the language and concept as claimed and disclosed.

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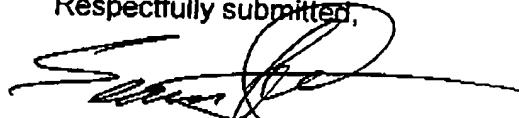
Accordingly, applicant respectfully requests that the rejections to claims 1, 16, and 25 be withdrawn as applicant believes that the above amendments and arguments distinguish the invention over the cited prior art and place the claims in condition for allowance.

As claims 4-15, 17-24, and 26-31 dependent from independent claims believed to be allowable, and for further reasons, applicant respectfully requests that the rejections be withdrawn.

For the above reasons, applicant respectfully requests that the rejection be reconsidered and the claims be allowed. Such action is respectfully requested in due course of Patent Office business.

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Respectfully submitted,



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